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PRESERVATIVE EFFICACY TESTING (PET) SAMPLE SUBMISSION FORM

Client Information		
Company Name:	Submitted by:	Date:
Mailing Address:	Tel:	Mobile:
	Email Address:	
Quotation No (**Compulsory** for proper registration of samples):	Purchase Order (if any):	

Sample Information			Test Information														
Name of Product	Batch #	Qty /Vol	Select Product Type (Please √ one)						Select Test Required (Please √)					Specify IF REQUIRED		
			Topical	Oral	Parenteral / Ophthalmic	Antacid	High Sugar Oral	Wipes	PET Validation	PET				Additional organism(s); please specify	Additional time-point(s); please specify	Interim Report (specify timepoint) ***additional charges apply.***
										BP	USP	BP & USP				
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Interim report are charge at $50 per report. Please request for quote if required.

Any other information:

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